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		CLAIMS AS	FILED - (Column		(Colum	n 2)	SMAL TYPE	LEN	πτ γ	c)R	OTHER	
OTAL CLAIMS							RATE		FEE		F	RATE	FEE
OR			NUMBER FILED		NUMBER EXTRA		BASIC	BASIC FEE		355.00		ASIC FEE	710.00
OTAL CHARGEABLE CLAIMS			3 minus 20=		• 11		X\$	X\$ 9=		∐«	OR	X\$18=	196
DEPENDENT CLAIMS			5 minus 3 = 1		2	2		X40=		\Box	OR	X80=	166
IULTIPLE DEPEND ENT CLAIM P			ESENT					+135=			OR	+270=	
ft	he difference i	in column 1 is le	ess than ze	ero, ente	r "0" in co	olumn 2	TO	ΓAL			OR	TOTAL	
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î		CLAIMS REMAINING AFTER AMENDMENT		HIG NUM PREV	HEST MBER NOUSLY O FOR	PRESENT EXTRA	R/	TE	ADI TION FE	AL		RATE	ADD TION/ FEE
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